

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number
10792205

CLAIMS AS FILED – PART I

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|--------------|--------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = | * |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

| RATE | FEES |
|-------|------|
| | \$ |
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL | |

OTHER THAN
SMALL ENTITY

| RATE | FEES |
|-------|------|
| | \$ |
| X \$ | = |
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL | |

CLAIMS AS AMENDED – PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|---|------------------|
| | 12/27/05 | | 4 | Minus ** 34 = |
| | Total (37 CFR 1.16(c)) | 4 | Minus ** 34 = | |
| | Independent (37 CFR 1.16(b)) | 2 | Minus *** 9 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

SMALL ENTITY

OR

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL ADD'L FEE | |

OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | = |
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL ADD'L FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|---|------------------|
| | Total (37 CFR 1.16(c)) | 4 | Minus ** | = |
| | Independent (37 CFR 1.16(b)) | 2 | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL ADD'L FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | = |
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL ADD'L FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|---|---|------------------|
| | Total (37 CFR 1.16(c)) | 4 | Minus ** | = |
| | Independent (37 CFR 1.16(b)) | 2 | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL ADD'L FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | = |
| X \$ | = |
| X \$ | = |
| + \$ | = |
| TOTAL ADD'L FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. OMB Control Number: 0651-0032. OMB expiration date: 07/31/2000. GDS 085-10032

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number

Application or Docket Number
10792205

APPLICATION AS FILED - PART I

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|--|--------------|
| BASIC FEE (37 CFR 1.16(e), (b), or (c)) | | |
| SEARCH FEE (37 CFR 1.16(m), (l), or (m)) | | |
| EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | | |
| TOTAL CLAIMS (37 CFR 1.16(j)) | <u>34</u> minus 20 = | <u>—</u> |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | <u>9</u> minus 3 = | <u>—</u> |
| APPLICATION SIZE FEE (37 CFR 1.16(e)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | |

* If the difference in column 1 is less than zero, enter '0' in column 2.

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|--------------|-----------|----|----------------------------|-----------|
| RATE (\$) | FEES (\$) | | RATE (\$) | FEES (\$) |
| X | X | | X | X |
| X | = | | X | = |
| TOTAL | | | TOTAL | |

APPLICATION AS AMENDED - PART III

| | | (Column 1) | (Column 2) | (Column 3) |
|---|--------------------------|---|------------|---|
| AMENDMENT A | 8-22-05 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | Total: 37 CFR 1.16(i) | 5 | Minus | 34 |
| Independent: 37 CFR 1.16(i) | 2 | Minus | 9 | — |
| Application Size Fee (37 CFR 1.16(i)) | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | |

| SMALL ENTITY | | OR | | OTHER THAN SMALL ENTITY | |
|--------------------|-----------------------------|----|--|----------------------------|-----------------------------|
| RATE (\$) | ADDI- TIONAL FEE (\$) | | | RATE (\$) | ADDI- TIONAL FEE (\$) |
| 25 | | OR | | 50 | |
| 100 | | OR | | 200 | |
| | | OR | | | |
| | | OR | | | |
| TOTAL ADD'L FEE | | OR | | TOTAL ADD'L FEE | |

| | | (Column 1) | (Column 2) | (Column 3) | |
|--|---|------------|---|------------------|---|
| AMENDMENT NUMBER 1 3/04 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| | Total 37 CFR 1.16(p)(1) | 34 | Minus | 34 | # |
| | Independent 37 CFR 1.16(q)(1) | 9 | Minus | 9 | # |
| | Application Size Fee (37 CFR 1.16(s); | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(t)) | | | | | |

¹ If the entry margin is less than the only one column of data is used.

** If the Highest Number Possible, Enter it in THIS SPACE: _____

*** If the Highest Number Enclosed Paid For in THIS SPACE is less than 1 cent, enter 0.

If the Highest Number Previously Paid For in THIS SPACE is less than one cent, Total of Indemnity Due the Insured is _____.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.16. This collection is estimated to take 12 minutes to complete, including gathering, measuring, and summarizing the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form or any suggestions for reducing this burden, should be sent in the Chief Information Officer, U.S. Patent and Trademark Office, 111 S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.